| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 09/5/6900 | | | | | | | | | | | | 00 |
|--|--|---|--|--------------|------------------------------|------------------|-----|-----------------|-------------------------|--------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | LL E | YTITY | OR | OTHER | THAN |
| TC | TAL CLAIMS | | | | | | R. | ATE | FEE | 1 | RATE | FEE |
| FOR | | | NUMBER FILED NUM | | NUMB | ER EXTRA | BAS | IC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| τc | TAL CHARGEA | BLE CLAIMS | 2 € minus 20= * | | * (| . 8 | | X\$ 9= | | OR | X\$18= | 144 |
| INE | EPENDENT CL | AIMS | √ minus 3 = 1 | | • 4 | | × | X42= | | OR | X84= | 78 |
| ML | ILTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | 1 | 40= | | OR | +280= | . , |
| * If | the difference | in column 1 is | less than ze | ro, ente | r "0" in c | olumn 2 | L | TAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | L | , •, • | OTHER | THAN |
| <u></u> | FAMILIA DE SALA JANGA | (Column 1) | . Peters in the region | (Colu | | (Column 3) | SM | ALL | ENTITY | OR | SMALL | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVI | BER OUSLY FOR | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 28 | Minus | ** 0 | 58 | 1 | X | 9= | | OR | X\$18= | |
| | Independent | * 4 | Minus | *** | 4 T.C. A.W. | = | X | 42 = | | OR | X84= | |
| Ц. | FIRST PRESE | NTATION OF M | JUITPLE DEP | EINDEIN | I CLAIM | | +1 | 40= | | OR | +280= | |
| | 2/16 | | | | | | | TOTAL T. FEE | | åя | TOTAL ADDIT, FEE | |
| <u> </u> | (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | R | ATE | ADDI- TIONAL _FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 00 | Minus | ** \ | | = | X | § 9= | | OR | X\$18= | |
| | Independent | NTATION OF MI | Minus | *** | T CI AIM | = | X | 12= | | OR | X84= | |
| <u> </u> | THOTPHESE | INTATION OF MIC | Jen Le Der | LIVELIV | Poam | | +1 | 40= | | OR | +280= | |
| | | | | | | | | TOTAL T. FEE | | OR | TOTAL ADDIT. FEE | |
| _ | indesi mana wanna ana aw | (Column 1) | ······································ | | mn 2) | (Column 3) | | | | _ | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENOMENT | | NUN PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | X. | 12= | | OR | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 40 | | | :000 | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3, ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |